

After having to send the family on its way without treatment, the sergeant broke down and had to be comforted by his platoon leader, Sgt. 1st Class Bryan Pacholski. The moment was captured by an Associated Press photographer, and the picture was printed yesterday in *The Blade* and newspapers across the country.

Upon seeing the picture and article in *The Blade*, Miss Kaptur said she shared the outrage of the 30-year-old military police sergeant. She said it's not only a moral duty for America, but a strategic one that can help build support in an Arab world that increasingly questions America's motives in Iraq.

"We are losing the battle for respect in that region," said Miss Kaptur, who opposed President Bush's decision to go to war. "We might command the ground—or hold the ground for the moment—but we have to gain the hearts and minds of the people."

Miss Kaptur's criticism was shared by some who contacted *The Blade* yesterday, such as Dave Pacholski, the brother of the sergeant who comforted Sergeant Borell Friday.

"I have two little ones, and I find it irresponsible on anybody's part to just walk away and say there's nothing they can do," he said. "Not only is that ignorant, but it was totally against what doctors do."

But others said the American military is doing the best it can in what is still a dangerous war zone, and they questioned whether anyone should pass judgment on a scenario before hearing the side of military officials, which was not available Friday or yesterday.

Maj. John Dzienny, a Toledo native now serving with U.S. Army special forces in Iraq, wrote in an e-mail that he has seen only "compassion and resolve" by American forces.

"It is the hope of all of us over here to see these people one day free and safe, just as we enjoy at home. These things take time, however, and it can strain the heart to not have an instant solution. All an individual can do is the best he or she can," he said.

It is not a new debate.

The nonprofit group Doctors Without Borders complained three weeks after U.S. troops rolled into Baghdad that the U.S.-led coalition hierarchy had failed to restart Iraq's health-care system.

The group's international council president, Dr. Martin Rostrup, not only blamed U.S. forces for failing to stop the looting at many hospitals, but for not setting up an administrative health system to replace Saddam's—which he said was required under the Geneva Convention.

"They are definitely responsible to see that basic services are put in place very rapidly so as to avoid suffering of people. And this has not taken place. After three weeks, the hospitals are in disarray and I find that unacceptable," he told reporters then, according to an Internet transcript of a May 3 news conference.

It's unclear now how much that's changed. The group's spokesman said yesterday that he could not provide an immediate assessment of Iraq's current health-care system.

And the human rights group Amnesty International has yet to pass judgment on whether the U.S.-led coalition is doing enough.

"The legal standard is a hard one to measure," group spokesman Alistair Hodgett said. "But I think you can't read an account like that account [by Sergeant Borell] and not feel like the U.S. should be doing more."

A U.S. military spokesman said Iraqis have a better health-care system now than before. Navy Lt. Cmdr. Matthew Klee, speaking on behalf of the U.S. Central Command, said yesterday that the military is doing the best

it can to help as many civilians as possible in a country roughly the size of California.

"We are providing health care to Iraqis, but we don't have the infrastructure to support the entire Iraqi civilian population," said Commander Klee, who is based in Tampa.

He said he was unable to immediately provide the military's detailed rules for when its field hospitals must accept Iraqi civilians, but he said at the very least military hospitals treat any civilians with life-threatening injuries. The rest are referred to local, civilian-run hospitals.

He also said he was unable to immediately conform Sergeant Borell's account of the burned children not getting medical attention. But he said that, regardless, the military would not punish the sergeant for speaking out—a key worry of Congressman Kaptur.

"As long as he's speaking of his own personal opinions, he's more than welcome to do that," Commander Klee said. "He just can't speak for the military. He can express his views. But when it comes to policy and official statements, that's really our bailiwick."

Contacted via e-mail at their base 30 miles northwest of Baghdad, other soldiers in the 323rd also were unable to confirm the sergeant's account of the incident. But 1st Sgt. Robert Orwig confirmed that the unit's Balad base treats only civilians injured by an American or who have an injury that could involve a loss of life, limb, or an eye. Still, the 323rd soldiers routinely call the base hospital anyway when an injured Iraqi approaches, and let the hospital staff formally refuse to treat the injured.

"It is hard for our soldiers to have to turn the children away, but that is the guidance we have and have to go by," he said.

"This wasn't the first incident that children were sent away," he added. "[It] probably won't be the last."

Miss Kaptur, however, hopes it is the last. She said she will seek out Defense Secretary Donald Rumsfeld as well as House leaders from both parties when she returns to Washington tomorrow. She said the military should be able to set up more field hospitals to treat wounded Iraqis until the Iraqi civilian hospitals can do the job.

If the U.S. military can't do it, Miss Kaptur said, other international groups or even American citizens should.

"I know the American people. We could fill a cargo plane out here at Toledo Express and equip the first field hospital ourselves," she said.

As for Sergeant Borell, he wrote in an e-mail to *The Blade* yesterday that the Iraqi family hadn't returned yet to the base to seek help for their children.

"I imagine one referral is enough for them," he said.

HOUSE OF REPRESENTATIVES,
Washington, DC, June 16, 2003.

Hon. DONALD H. RUMSFELD,
Secretary, Department of Defense,
The Pentagon, Washington, DC.

DEAR SECRETARY RUMSFELD: Based on these articles, I am requesting a personal meeting with you. I wish to propose an expedited schedule by the U.S. to establish temporary field hospitals in Iraq, perhaps in concert with our Arab allies, serving the wounded and suffering. With Baghdad's early fall, sufficient funds have been appropriated to accommodate these facilities.

In addition, UN health organizations, Doctors Without Borders, and Americans from all walks of life should be engaged in this moral imperative. Our forces, or those of coalition allies, can be used to secure the perimeters where such field health services would be offered.

As a representative from the Arab-American crescent that lies between Toledo, Ohio, Dearborn, Michigan, and Cleveland, Ohio, I know our region would rise to the occasion of equipping and staffing the first such hospital. Equally, America should match our commitment.

It is now our obligation. Thank you.

Sincerely,

MARCY KAPTUR,
U.S. Representative.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MEDICARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mrs. BLACKBURN) is recognized for 5 minutes.

Mrs. BLACKBURN. Mr. Speaker, we have had a busy agenda since we started back into session in January. I am like a lot of freshmen. I feel like we have spent a lot of time looking at reform issues. That is something that my constituents want to see, and it is certainly something where I look forward to placing a good bit of my energy as we look for waste, fraud and abuse in government and look for opportunities to reform the system and to lower the cost of doing business with the government.

We have reformed education. We have lowered taxes. We have provided our Nation's military servicemen and women with a pay increase. And Republicans are now working to ensure that America's seniors have access to affordable, quality health care that will help lessen the financial burden of prescription medications.

Any effort to provide a prescription drug benefit absolutely must include a Medicare reform plan that not only preserves the system for today's seniors and for future generations but also provides seniors with a Medicare that is more efficient and flexible. Medicare must include the market-based incentives that have fueled research and development of products that are keeping us healthier longer and improving the lives of millions of Americans. There are three issues that virtually all senior citizens agree on. These three critical components of the reform initiative are affordability, access and choice. These are three premises that we need to be sure to include in our plan.

On the first point, affordability, Medicare reform legislation must make health care more affordable for seniors. Currently seniors are paying more on doctor visits and prescription drugs than they are on any other expenses combined. This is really intolerable. I think when we look at the reform to the Medicare system and think about

affordability, we need to be sure that whatever we do as we look at reforming Medicare must be affordable by the government so that we are not going to place a burden on our children and on future generations and create a system that just a few decades down the road cannot even be afforded.

No less important to our seniors is that we preserve their ability to have a choice. What I hear from my constituents is that they want the power to choose their physician and their hospital. For our rural communities, being able to choose a doctor means having a physician in their town. It does not mean having access to a physician that is 50, 100 or 200 miles away in some urban area. Too many of our seniors are forced to make frequent trips hours away from their homes in order to get routine primary medical care. More importantly, allowing seniors to choose their doctors is the right thing to do, and it is what we would all want to do for our families.

Most seniors also agree that access must be a reform priority. Once a Medicare enrollee chooses his or her doctor, they should be able to see that doctor on a regular basis, not to be shifted from one physician or one plan to another. Quality health care becomes less and less assured when a patient has to go from doctor to doctor or from clinic to clinic with consistency. We want to be sure that that access is readily available. We also want to be sure that access includes having access to new medications and to new technologies as research and development brings those forward. What I am hearing from a lot of the constituents in my district is that they would reject a one-size-fits-all universal-type plan. In Tennessee, we are familiar with what bad policy can do to health care. A few years back, Tennessee decided that state-managed health care was the way to go, and today the State is in a very difficult situation because of a health care system that is not providing access to many of the individuals that are enrolled in that system.

Some are going to come down to this floor and try to convince Americans that one giant health care system is what we should all support. I can tell you that my mother's health care needs are much different from my health care needs. My health care needs in Lawrence are different from those of many of my neighbors in Tennessee. What we can all agree on, though, is that a plan must be affordable, it must provide choices, and must be accessible. A one-size-fits-all plan has proven time and again not to reduce our health care needs, but to increase those costs.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to replace the gentleman from Illinois (Mr. EMANUEL).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

MEDICARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, my House Republican friends have managed to come up with a prescription drug bill that is even less generous and even more destructive to Medicare than last year's exercise. Under this year's bill, Medicare as we know it ends in 7 years. In 7 years, Medicare would be replaced by a voucher to cover part of the premium for health insurance. Let me repeat that. Under the Republican plan, Medicare would no longer provide guaranteed benefits in spite of their talk about more choice. It would instead give seniors a defined contribution voucher. So much for the Medicare entitlement. So much for guaranteed benefits for America's elderly. So much for the choices that matter. Choice of hospital, we have that today. Choice of physician, we have that today. Under the Republican plan, their voucher scheme would give seniors the choice, the choice, to enroll in whatever HMO happens to set up shop temporarily in their neighborhood. That is not the kind of choice seniors, who now can choose their doctor, who now can choose their hospital, it is not one-size-fits-all, it is seniors have full choice, it is not the kind of choice that seniors have today.

The Republican bill is a privatization bill. It is not a drug bill. It is an affront to seniors who depend on Medicare and to taxpayers whose money will be wasted paying off private insurance health plans, paying off HMOs in order to get them to participate in this Republican big insurance company, big drug company program.

Medicare vouchers are not a fiscally responsible alternative to Medicare. In fact, they will increase overall costs. The Republican plan reduces government spending by increasing out-of-pocket costs for seniors. Private premiums in this country are rising at about 15 percent compared to Medicare's about 4.1 percent increases. Administrative expenses for private insurance historically are 2½ times the administrative expenses of Medicare and Medicaid. So much for the argument that privatization is more efficient. Private insurance spending per enrollee has grown faster than Medicare in the last 30 years. If private drug plans can get better prices for drugs than Medicare, why is the drug industry lobbying for private plans? The

only way privatizing Medicare can cut costs is by shifting those costs from the Federal Government onto the backs of seniors and their families.

Here are a couple of other hidden provisions in the House Republican drug bill. My colleagues increase Medicare costs for all seniors, not just those who enroll in drug coverage, by ratcheting up the Medicare part B premium. Seniors will continue to pay more and more and more under the Republican privatization give-it-to-the-insurance-companies health plan. They double-tax higher income seniors by income-relating Medicare coverage. They have dropped an even bigger doughnut hole in their coverage, cutting off benefits to seniors with higher drug costs. In other words, as their costs go up, the government no longer covers them. They cut reimbursement to hospitals which are already on shaky financial ground. I met with hospital administrators in Akron today and with physicians. They will tell you how it is going to be harder and harder for them to take care of their business providing the kind of health care to their patients at that hospital in Akron and other hospitals all over northeastern Ohio and all over this country.

The Republican plan leaves 40 percent of low-income seniors out of the bill's low-income assistance program. In summary, Mr. Speaker, the Republican prescription drug bill, the Republican plan is good for the drug companies. The Republican plan is good for the insurance companies; but the Republican plan is bad for seniors, it is bad for disabled Americans, it is bad for their families, it is bad for hospitals and other providers, and it is bad for the Nation as a whole.

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TRIBUTE TO COLONEL TAD DAVIS

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under a previous order of the House, the gentleman from North Carolina (Mr. HAYES) is recognized for 5 minutes.

Mr. HAYES. Mr. Speaker, today I rise to recognize the accomplishments of Colonel Addison D. "Tad" Davis, IV. Colonel Davis is currently the garrison commander at Fort Bragg in my district of North Carolina. After 4 years of exemplary service at Fort Bragg, he is coming up here to the Pentagon. I and the entire Fort Bragg community will surely miss his presence at the epicenter of the universe.

Colonel Davis's military accomplishments speak for themselves. He is a 1978 graduate of the United States Military Academy and earned an MPA from Harvard University. He was a 1989-1999 U.S. Army War College fellow at the Hoover Institution, Stanford University. Colonel Davis most recently served as the executive officer to the assistant chief of staff for Installation Management. His military schooling includes the infantry officer basic and